

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	ID NO.	DATE
FEE DETERMINATION		
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW	573	05-15-01
RESPONSE FORMALITY REVIEW	573	05-15-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	9/15/00
1	✓
2	✓
3	N
4	✓
5	✓
6	N
7	✓
8	✓
9	✓
10	✓
11	✓
12	N
13	✓
14	✓
15	✓
16	N
17	✓
18	N
19	✓
20	✓
21	N
22	✓
23	✓
24	N
25	✓
26	✓
27	✓
28	N
29	✓
30	✓
31	N
32	✓
33	N
34	N
35	✓
36	✓
37	✓
38	N
39	✓
40	N
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	N
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	9/15/00
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
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100	✓

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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